

FILED SEP 12 1941

Registration District No. 359

Primary Registration District No. 1002

Registrar's No. 3078

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
In this community 45 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Lillian May Ford

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband Mr. Wallace C. Ford 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased November 30 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 14 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -----

12. Name Abner Pippitt

13. Birthplace New Jersey
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Ellis

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant W C Ford

(b) Address 1823 Independence Avenue

17. (a) Burial (b) Date thereof Aug. 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem

18. (a) Signature of funeral director O. H. Newcomer

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/15/41 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 1823 Independence Avenue (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1941 hour 10 minute 50 P.A.M.

21. I hereby certify that I attended the deceased from Aug 13/41 -
Funeral for you, to Aug 14 1941
that I last saw her alive on Aug 14
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory
Pontine Hemorrhage Duration

Due to arteriosclerosis 61

Due to Ch. Interlobar Nephritis

Other conditions Diabetes Mellitus
(Include pregnancy within 8 months of death)
Apoplectic broncho pneumonia

PHYSICIAN
Major findings:
Of operations ✓

Of autopsy Positive Pontine Hemorrhage
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature D. E. Edwards (M. D. or other)
Address 4600 E. 4th St. Date signed 9/15/41

4800 East 24th Street
1:20.5:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

C. Hervey Piusen

Licensed Embalmer No.

4070

P. O. Address

A. C. M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.